

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>80</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER		<i>48</i>	<i>10/20/99</i>
FORMALITY REVIEW		<i>65703</i>	<i>10-27-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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